

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth St., Suite 4T20
Atlanta, Georgia 30303-8909



December 20, 2010

Mr. Neville Wise, Acting Commissioner
Cabinet for Health and Family Services
Department for Medicaid Services
275 E. Main Street, 6W-A
Frankfort, KY 40621

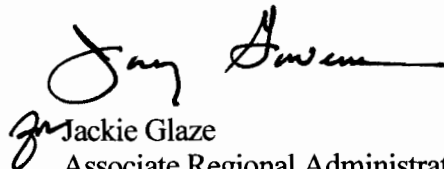
Re: Kentucky Title XIX State Plan Amendment, Transmittal #10-010

Dear Mr. Wise:

We have reviewed Kentucky State Plan Amendment (SPA) 10-010, which was submitted to the Atlanta Regional Office on October 21, 2010. This State plan amendment is to demonstrate compliance with the new requirement of 42 CFR 435.940 through 435.960, Section 1903 (r) of the Act "Qualifying Individual (QI) Program Supplemental Funding Act of 2008". Kentucky is certifying that it does have an eligibility determination system that provides data matching through the Public Assistance Reporting Information System (PARIS) or any other successor system, including matching with medical assistance programs operated by other states.

Based on the information provided, we are now ready to approve Kentucky SPA 10-010 as of December 17, 2010. The effective date is October 1, 2010. The signed CMS-179 and the approved plan pages are enclosed. If you have any questions regarding this amendment, please contact Maria Donatto at (404) 562-3697 or Laura Killebrew at (404) 562-0151.

Sincerely,



Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 10-010	2. STATE Kentucky
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE 10/1/2010	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 435.940 through 4359.960 Section 1903(r) of the Act	7. FEDERAL BUDGET IMPACT: a. FFY 2010 - Budget Neutral b. FFY 2011 - Budget Neutral
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 79, Section 4.32(c)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same

10. SUBJECT OF AMENDMENT
This State Plan Amendment will demonstrate compliance with the new requirements of Section 1903(r) of the Act by certifying that KY does have an eligibility determination system that provides data matching through the Public Assistance Reporting Information System (PARIS), or any successor system, including matching with medical assistance programs operated by other states.

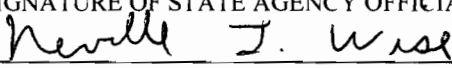
11. GOVERNOR'S REVIEW (Check One):

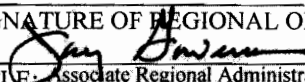

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Review delegated to Commissioner, Department for Medicaid Services

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Department for Medicaid Services 275 East Main Street 6W-A Frankfort, Kentucky 40621
13. TYPED NAME: Neville Wise	
14. TITLE: Acting Commissioner, Department for Medicaid Services	
15. DATE SUBMITTED: October 18, 2010	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 10/19/10	18. DATE APPROVED: 12/17/10
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/01/10	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME:  Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Opns

23. REMARKS:

Approved with following changes as authorized by State Agency on email dated 11/16/10:

Block #8 Changed to read: 42 CFR 435.940 through 435.960 Section 1903 (r) of the Act.

Revision: HCFA-PM-87-14
October 1987

(BERC)

OMB No.: 0938-0193

State/Territory: Kentucky

Citation

455.103
44 FR 41644
1902(a)(38)
of the Act
P.L. 100-93
(sec. 8(f))

4.31

Disclosure of Information by Providers and Fiscal Agents

The Medicaid agency has established procedures for the disclosure of information by providers and fiscal agents as specified in 42 CFR 455.104 through 455.106 and sections 1128(b)(9) and 1902(a)(38) of the Act

435.940
Through 435.960
52 FR 5967
54 FR 8738

4.32

Income and Eligibility Verification Systems

(a) The Medicaid agency has established a system for income and eligibility verification in accordance with the requirements of 42 CFR 435.940 through 435.960

(b) Attachment 4.32-A describes, in accordance with 42 CFR 435.948(a)(6), the information that will be requested in order to verify eligibility or the correct payment amount and the agencies and the State(s) from which that information will be requested.

42 CFR 435.940
through 435.960
(Section 1903(r) of
the Act.

(c) The State has an eligibility determination system that provides for data matching through the Public Assistance Reporting Information System (PARIS), or any successor system, including matching with medical assistance programs operated by other States. The information that is requested will be exchanged with States and other entities legally entitled to verify Title XIX applicants and individuals eligible for covered Title XIX services consistent with applicable PARIS agreements.

TN No. KY-10-010
Supersedes
TN No. 90-5

Approval Date: 12-17-2010

Effective Date 10-01-10